

# DECLARATION AND POWER OF ATTORNEY

Atty. Dkt. No.: 2115-002753/US/NP

## DECLARATION

I hereby declare that:

Each inventor's residence, mailing address and citizenship are as stated below next to their name,

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

### BIODEGRADABLE/BIORESORABLE TISSUE AUGMENTATION/RECONSTRUCTION DEVICE

the specification of which (check one)

is attached hereto.  
or  
 was filed on December 3, 2004 as United States Application Number or PCT International Application No. PCT/US2004/040298 and was amended on \_\_\_\_\_ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR § 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. §§ 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate, or any PCT international application having a filing date before that of the application on which priority is claimed:

PRIOR FOREIGN APPLICATION(S)				
APPN. SERIAL NO.	COUNTRY	DATE FILED (MM/DD/YYYY)	PRIORITY CLAIM	
			Yes	No
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

## DECLARATION AND POWER OF ATTORNEY

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. § 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

### POWER OF ATTORNEY

I hereby appoint each practitioner at Customer No. 27572 of Harness, Dickey & Pierce, P.L.C., my attorneys or agents to prosecute the application identified above, and to transact all business in the Patent and Trademark Office connected therewith.

### CORRESPONDENCE ADDRESS

I request the Patent and Trademark Office to direct all correspondence and telephone calls relative to this application to Customer No. 27572, Harness, Dickey & Pierce, P.L.C., P. O. Box 828, Bloomfield Hills, Michigan 48303 (248) 641-1600.

**Full name of sole or first inventor:** Chia-Ying LIN

Inventor's signature: 

Date: 07/20/2006

Residence: 2131 Glencoe Hills Drive, #10, Ann Arbor, Michigan 48108

Citizenship: Taiwan

Mailing Address: 2131 Glencoe Hills Drive, #10, Ann Arbor, Michigan 48108

**Full name of second joint inventor, if any:** Scott J. HOLLISTER

Inventor's signature: \_\_\_\_\_

Date: \_\_\_\_\_

Residence: 2105 Churchill Drive, Ann Arbor, Michigan 48103

Citizenship: United States

Mailing Address: 2105 Churchill Drive, Ann Arbor, Michigan 48103

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**Full name of sole or first inventor: Chia-Ying LIN**

Inventor's signature: \_\_\_\_\_

Date: \_\_\_\_\_

Residence: 3619 Bent Trail Drive, Ann Arbor, Michigan 48108

Citizenship: Taiwan

Mailing Address: Same as above

**Full name of second joint inventor: Scott J. HOLLISTER**

Inventor's signature: Scott J. Hollister

Date: 6 - 08 - 06

Residence: 2105 Churchill Drive, Ann Arbor, Michigan 48103

Citizenship: United States

Mailing Address: Same as above